

<i>SERFF Tracking Number:</i>	<i>UNFG-126983488</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47780</i>
<i>Company Tracking Number:</i>	<i>LIU-407 (4-11)</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Nursing Home Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: United Life Insurance Company	SERFF Tr Num: UNFG-126983488	State: Arkansas
Product Name: Nursing Home Rider	SERFF Status: Closed-Approved-	State Tr Num: 47780
TOI: A02I Individual Annuities- Deferred Non-Variable	Closed	
Sub-TOI: A02I.003 Single Premium	Co Tr Num: LIU-407 (4-11)	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Joanne Young	Disposition Date: 01/27/2011
	Date Submitted: 01/25/2011	Disposition Status: Approved-Closed
		Implementation Date:
Implementation Date Requested: 04/01/2011		
State Filing Description:		

## General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 01/24/2011
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 01/27/2011
	State Status Changed: 01/27/2011
Deemer Date:	Created By: Joanne Young
Submitted By: Joanne Young	Corresponding Filing Tracking Number:
Filing Description:	
LIU-407 (4-11) Rider to Waive Applicable Surrender Charges if Confined to an Eligible Nursing Home	

We are filing the form listed above for approval. Subject to the conditions as set forth in the rider, if the Annuitant is confined to a nursing home after the effective date of the policy we may waive a portion of the surrender charge.

This is a revision of form LIU-407 (4-08) which was previously approved by your office. We have changed the waiting period to 24 months regardless of age. We have made the maximum waiver amount consistent for all ages. We have removed all exclusions other than that they can not be confined in a nursing home on the effective date of the rider.

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Filing Company: United Life Insurance Company State Tracking Number: 47780  
Company Tracking Number: LIU-407 (4-11)  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
Variable  
Product Name: Nursing Home Rider  
Project Name/Number: /

This rider will automatically added to our deferred annuity policy at issue. There is no premium charge for the rider.

## Company and Contact

### Filing Contact Information

Joanne Young, Analyst jyoung@unitedfiregroup.com  
118 2nd Ave SE 319-286-2620 [Phone]  
PO Box 73909 319-286-2570 [FAX]  
Cedar Rapids, IA 52407-3909

### Filing Company Information

United Life Insurance Company CoCode: 69973 State of Domicile: Iowa  
118 2nd Ave SE Group Code: 248 Company Type: Life  
PO Box 73909 Group Name: United Fire Group State ID Number:  
Cedar Rapids, IA 52407-3909 FEIN Number: 42-6061188  
(319) 399-5700 ext. [Phone]

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Life Insurance Company	\$50.00	01/25/2011	44072472

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Product Name:	Nursing Home Rider		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/27/2011	01/27/2011

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	<i>Variable</i>		
<i>Product Name:</i>	<i>Nursing Home Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 01/27/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	UNFG-126983488	State:	Arkansas
Filing Company:	United Life Insurance Company	State Tracking Number:	47780
Company Tracking Number:	LIU-407 (4-11)		
TOI:	A02I Individual Annuities- Deferred Non-Variable	Sub-TOI:	A02I.003 Single Premium
Product Name:	Nursing Home Rider		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Rider to Waive Applicable Surrender		Yes
	Charges If Confined to an Eligible Nursing Home		

SERFF Tracking Number: UNFG-126983488 State: Arkansas

Filing Company: United Life Insurance Company State Tracking Number: 47780

Company Tracking Number: LIU-407 (4-11)

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
Variable

Product Name: Nursing Home Rider

Project Name/Number: /

## Form Schedule

### Lead Form Number: LIU-407 (4-11)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LIU-407 (4-11)	Policy/Cont Rider to Waive ract/Fratern Applicable Surrender al Charges If Confined Certificate: to an Eligible Nursing Amendmen Home t, Insert Page, Endorseme nt or Rider	Initial		46.300	LIU-407 (4-11)BK.pdf

**UNITED LIFE INSURANCE COMPANY**  
Cedar Rapids, Iowa

**RIDER TO WAIVE APPLICABLE SURRENDER CHARGES  
IF CONFINED TO AN ELIGIBLE NURSING HOME**

**1) DEFINITIONS**

**Eligible Nursing Home** - An institution or special nursing unit of a hospital which meets at least one of the following requirements:

- a) it is Medicare approved as a provider of Skilled Nursing Care Services; or
- b) it is licensed as a Skilled Nursing Home or as an Intermediate Care Facility by the State in which it is located; or
- c) it meets all the requirements listed below:
  - i) it is licensed as a Nursing Home by the State in which it is located; and
  - ii) its main function is to provide Skilled, Intermediate or Custodial Nursing Care; and
  - iii) it is engaged in providing continuous room and board accommodations to three (3) or more non-related persons; and
  - iv) it is under the supervision of a registered nurse (RN) or licensed practical nurse (LPN); and
  - v) it maintains a daily medical record of each patient; and
  - vi) it maintains control of and records of all medications dispensed.

Eligible Nursing Home does NOT mean any of the following:

- a) an institution that primarily treats drug addicts or alcoholics; or
- b) a home for the aged or mentally ill; or
- c) a community living center; or
- d) an institution that primarily provides residency or retirement care.

**Maximum Waiver Limit** - The total amount of annuity fund value on which we will waive surrender charges. It is a combined total amount for all deferred annuity policies with Us on the life of the Annuitant that include a similar waiver benefit. This combined total amount shall not exceed \$50,000 in any given twelve month period, nor shall it exceed a total amount during the lifetime of the Annuitant of \$200,000.

If another policy has a higher Maximum Waiver Limit, that Limit shall apply to that policy. Similarly, If another policy has no Maximum Waiver Limit, no Limit shall apply to that policy. However, any amounts so waived under either of those circumstances will apply to the combine total amount pertaining to this Policy.

**2) WAIVER OF APPLICABLE SURRENDER CHARGES**

After this rider has been in force for **24 months** and subject to the Maximum Waiver Limit, we will waive any surrender charges otherwise applicable under the Policy while the Annuitant is confined to an Eligible Nursing Home, provided:

- a) the confinement is due to a physical disability that prohibits daily living in a noninstitutional environment; and
- b) the Annuitant is expected to be confined in an Eligible Nursing Home for the rest of his or her life.

**3) EXCLUSIONS**


The waiver will not be allowed if the Annuitant is confined to an Eligible Nursing Home on the effective date of this rider.

**4) PROOF OF QUALIFYING CONFINEMENT**

You must provide proof of a qualifying confinement in the form of a physician's statement (from someone other than a family member) and such other proof as we from time to time may require.

**5) GENERAL**

All provisions of the Policy to which it is attached also apply to this rider. This rider is effective on the same day as the Policy.

  
[ SECRETARY ]

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	
<b>Comments:</b>		
<b>Attachment:</b>		
AR Cert.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Application	
<b>Comments:</b>		
We will use application LIU-113 (1-11) which was approved by your office on 11/15/2010.		



## CERTIFICATE OF COMPLIANCE

UNITED LIFE INSURANCE COMPANY

Form number: LIU-407 (4-11) Rider to Waive Applicable Surrender Charges if  
Confined to an Eligible Nursing Home

Flesch Readability Score: 46.3

I hereby certify to the best of my knowledge and belief that this filing is in compliance  
with Arkansas Regulations 19 and 49 and Bulletin 11-88.

Certified by:



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Jean Newlin Schnake, Secretary  
United Life Insurance Company

1/25/2011

Date